

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17168

State File No.

FILED MAY 27 1955

BIRTH NO.		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1062</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>6 DAYS</u>		c. CITY OR TOWN <u>Overland</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP.</u>				STREET ADDRESS (If rural, give location) <u>2139 Ashby Rd.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Anderson</u>		b. (Middle) <u>N.M.N.</u>		c. (Last) <u>Hill</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>11</u>		(Year) <u>1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>MAR. 11-1876</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ry. CAR Shops</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Potosi Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Rosie Conway</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Susie Politte</u> ADDRESS <u>St Louis, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic heart dis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic Hypertrophy</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-5-1955</u> , to <u>5-11-1955</u> , that I last saw the deceased alive on <u>5-11-1955</u> , and that death occurred at <u>3:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard H. Lee M.D.</u>		23b. ADDRESS <u>601 S. Brentwood Clayton</u>		23c. DATE SIGNED <u>5-11-55</u>			
24a. DATE OF REMOVAL (Specify)		24b. DATE <u>5-14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>		24d. LOCATION (City, town, or county) (State) <u>De Soto Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/11/55</u>		REGISTRAR'S SIGNATURE <u>Harley B. Blomke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Mathershead</u> ADDRESS <u>De Soto Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Andrew H. England*

Licensed Embalmer No. *47*

P. O. Address *W. S. Sato*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.